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Beck

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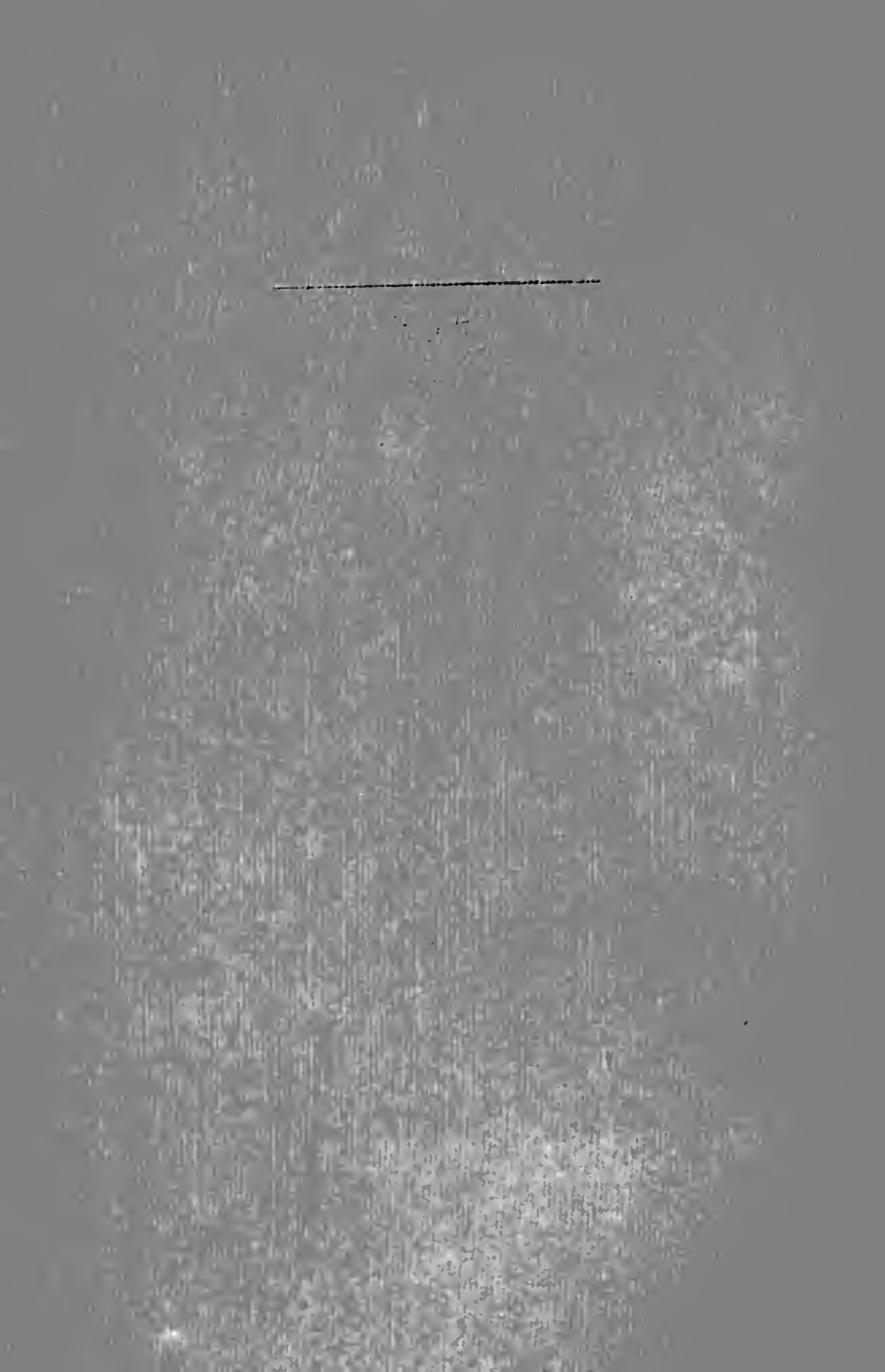
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**The Influence of American Surgery on
Europe**

BY
CARL BECK

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ERRATA.

Page 8, eighth line, change "clerk" to "flayer."

Page 14, fifteenth line, change "Henoh" to "Heubner."

Page 16, second line from bottom, change "bedienter" to
"gedienter."

THE INFLUENCE OF AMERICAN SURGERY ON EUROPE.*

By Carl Beck, M.D. Professor of Surgery in the Postgraduate Medical School, University of the State of New York, President of the St. Mark's Hospital of New York.

In order to realize fully, what American Surgery has achieved, so far, and how it compares with that of other countries, it will be opportune to go back to ancient times.

The earliest surgical records come from Egypt. In the papyrus found by Ebers, the great German Egyptologist, which was written 1552 B. C., a section, dealing with tumors on the surface of the body, reads: "If this tumor comes and goes under your fingers, trembling even when your hand is still, say—it is a fatty tumor—and treat it with the knife, after which treat it as an open wound." It is maintained, that the old Egyptian embalmers had considerable anatomical knowledge which entitled them to act as "dressers of wounds," that is surgeons. The fact exists, that the Egyptians had a treatise on anatomy. According to Manetho this was attributed to Athothis, son of Menes, who reigned in 5241 B. C.

Specimens of Jewish surgery are found in the Talmud, the rabbis being acquainted with methods of suturing wounds, trephining, supplying the loss of substance.

Of Indian Surgery, the Charaka-samhita, the oldest medical work in existence, tells us many interesting facts. It is deplorable that the Sanskrit text of this work was only translated shortly ago. The Charaka-samhita was probably written in 1000 B. C. Another well-known Indian book, composed somewhat later, is the Susruta. These works contain a list of complicated surgical instruments, among them are such recommended for amputations, for lithotomy, the treatment of fistulae, polypi, sores, ascites, inhalation for cough and dyspnoea, obstruction of the intestines, etc.

*Address read at the first Fall Convocation of The George Washington University in Continental Memorial Hall, October 17, 1906.

The immortal songs of Homer which supposedly were written at the same period, often allude to surgery. The nomenclature is nearly identical with that given by Hippocrates. The arrow wound inflicted on one of Nestor's horses by the bow of Paris is most scientifically described. It was at the top of the skull and had apparently penetrated the brain, which fact was diagnosticated from the symptoms, the wounded horse having convulsions and turning round and round the pole.

Aristophanes, the great poet with the loose tongue, describes the slave of Lamachus as he calls for compresses dipped into hot water wherewith he intended to treat the sprained ankle of his master.

If we study the fragments of the various writings of great Hippocrates, who was born on the island of Kos, in the year 460 B. C., we are so much surprised by the success of surgical operations performed under so many great difficulties at that period, when anesthesia was unknown, that it can be well understood that some are still inclined to doubt the authenticity of the records. The Hippocratic oath, a document of the highest rank in the history of civilization, indicates the necessity of observing the most scrupulous cleanliness and foreshadows some knowledge of aseptic rules.

Faithful as the reproductions of the classical sculptors and poets were, whose creations are still a model of keen insight into nature, stripped of fanciful and glittering flights of imagination, no less painstaking was surgery at this period, where the natural phenomena were carefully and truthfully studied by actual experiment and demonstration.

The head of the Cnidian School, Euryphon, who was a contemporary of Hippocrates, analyzes the evils of overeating most thoroughly, and as if he had foreseen the modern stomach, advises artificial vomiting for the purpose of testing the different degree of digestibility of the various kinds of food. Thus he has in fact inaugurated the "test-meal," this less aesthetic than powerful weapon of the hypermodern stomach-specialist.

In this glorious period the surgeons were held in high esteem. One of the indications of their high standing may be found in the royal fees they received. The annual salary of Democedes of Croton, from the city of Athens, from the commonwealth of Aegina, and from the Samoan tyrant amounted to 8,000, 10,000 and 16,000 drachmae, that is \$1,600 \$2,000 and \$3,200. When Democedes was captured by the Persian King, Darius, the highest honors were conferred upon him at the the royal court where he finally acted as confidential adviser of the famous ruler.

The great Roman people developed the art for which Egyptians and Greeks

had laid the foundation. The era of the Roman Emperors developed a number of brilliant surgeons, among whom Antyllus, Heliodorus, Leonides and Archigenes, may be prominently mentioned.

Only fragments are left of this admirable knowledge in the abstracts of Aetius and Oribasius, later of Paulus of Aegina. They appeal to us like the torsos of those magnificent antique masterpieces at whose overwhelming beauty we are now only able to guess. Surgical operations were performed at that period which simply astonish us.

A slight indication of what must have been lost of the immense knowledge of the great Hippocratic era, and how advanced the technics of Roman surgery must have been, may be gleaned from a visit to Pompeii. On my repeated visits to this most interesting place, it struck me that the peculiar construction of the House of the Surgeon, so well known to the readers of Bulwers "Last Days of Pompeii," pointed to more or less developed aseptic principles. The streams of water constantly flowing through the streets of Roman cities were certainly apt to remove bacteria or at least much of their favorable soil of development, and the large number of small wells in the house of the surgeon suggests, that the wounded as well as the instruments and dressings were subjected to a very thorough cleaning before and during operation. This would be in harmony with the advice of Hippocrates to frequently wash the patient before performing an operation. I can fully understand why these old masters with their fine art of diagnosis and their powerful weapon "cleanliness," have obtained much better results than the surgeons of not many years ago, who went to the operating table directly from the autopsy room, after having washed their hands in a questionable fluid, repeating their dissecting art on the living subject which thus frequently became a premature specimen for the autopsy room.

The surgical instruments excavated at Herculaneum and Pompeii and exhibited now in the National Museum at Naples, are all of the most admirable perfection. There are many apparatus which many a spectator thought to be devised only half a century ago. But they existed before the advent of our Lord. *Tout comme chez nous*. The instruments all being made of steel or of bronze, are naturally aseptic.

With the downfall of the great Roma surgery took a speedy decline. Only the chevaleresque Arabs learned antique culture from the direct translation of Greek sources or indirectly through Syrian and Hebrew traditions. But these gallant savants handled words better than the scalpel and with the only exception of practical Abulkasim were not talented for surgical technicisms.

The surgical literature of the Arabians being gradually translated into Latin, became known to the Christian occident, where intelligent monks, who indulged in the study of natural sciences, took an interest in it and spread it. Among these highly creditable men Guilel-

mus Placentinus, Hugo von Lucca, Brunus Longoburgensis, Theodericus, the bishop, Lanfrancus and especially Guido de Cauliaco, must be mentioned. But they were situated like the preacher in the desert, and as a whole surgery was held in so little esteem that it became a rule among the German Mastersingers of this sad period, not to accept an apprentice or disciple, until he could prove, that he was fourteen years of age, of decent parentage and "in particular, not related to any clerk, hangman, *surgeon*, or similar individual."

But fortunately, the long cheerless mediaeval night was followed by the dawn of the Cinquecento, the same merry period which gave great Christopher his chance to discover us. This era, so justly called the Renaissance, stirred up minds all over the world. Antique culture was studied in its original diction again. Old inveterated dogmas fell to the ground and criticism came up, and with it also, the Renaissance of Surgery began. The genius of fearless Andreas Vesalius of the German town of Wesel convinced Carl V, the German Emperor, that anatomy was the foundation of surgery and that unless the government would permit of dissection for scientific purposes, surgery would remain a living lie.

That day in fact, on which autopsies became legitimate through the Hidalgo-philosopher on the German throne, marks the resurrection of surgery.

Now the splendid epoch stamped by the genius of French surgeons, followed. Ambroise Paré reintroduced the ligature of the blood vessels, his large experience on the battle-field also enabling him to advise a more simple kind of treatment of gun-shot wounds. Surgical schools were founded in France, J. L. Petit, in contradiction to his name, becoming the greatest representative of the surgery of the eighteenth century, Désault founding the first surgical clinic, and Larrey, of whom a Napoleon said that he was the only living man whom he ever respected, showing us the greatest and noblest of all military surgeons. The largest influence upon the surgical world was exerted by Dupuytren, however, who was not only the great master of the scalpel, but also excelled by his thorough understanding of pathology, which was at his time in its infancy.

While the French were on top, our English brethren were by no means lazy. Nearly three hundred years ago Harvey detected the circulation of the blood vessels. In John Hunter we see the great surgical pathologist of the eighteenth century, and in Astley Cooper and Spencer Wells the bold but conscientious operators. The greatest blessing which the surgical world received from Great Britain, however, was the antiseptic wound-treatment inaugurated by immortal Lister.

In Germany the far-seeing eye of Vincenz von Kern gave us the open wound-treatment, the principles of which have come to honor

again. Scientific pathology, born in the same country, brought reforms, which, like monuments, *aere perennius*, will forever stand in history. The theoretical reflections of Rokitansky, Skoda, Helmholtz, and Virchow were soon utilized in practice by surgical masters like Dieffenbach, the father of plastic surgery, by Stromeyer, Von Langenbeck, von Esmarch, Volkmann and Billroth. The discovery of the Roentgen Rays, which revolutionized some of the most important departments of surgery, has also added new lustre to the German laurels. The highly developed university life favored the universal direction of the minds, so characteristic for the nation of thinkers and dreamers, their tendency to deepening of thought and their admirable endurance in methodical work, were factors which made Germany the center of pathological science, this great fundament of modern surgery.

Still, the art of surgery could be practiced only under the greatest technical difficulties on account of the pain the patient had to endure during an operation. Long procedures could not be carried out at all, therefore the manual skill of the old surgeons, who were forced to perform their operations with the greatest possible hurry, must have been enormous and calls for our highest admiration.

It is assumed, that in ancient times anodynes were known. The potion, which the Trojan Helen was able to brew so well and mischievously, was supposed to banish care and dispel depression. The women of Thebes prepared the "Extractum Thebaicum, irae et tristitiae medicamentum." It is reported of Julius Caesar, that before he escaped the pirates, he put them to sleep by dropping a narcotic into their wine.

How far these reports are true, cannot be proven. It is certain, that at a remote period we see a manifold interest displayed in the study of bodily pain and its alleviation.

During the classical age, which left us the most wonderful expression of physical pain in the matchless Laokoon-group, bodily pain was frequently represented on the stage.

But there is no indication that ever before a surgical operation was performed during which the patient did not suffer the horrid agonies of combined physical and psychical pain, until it was reserved to the United States of America, to give the world that immense blessing, anesthesia. The discovery of sulfuric ether in 1846, as a safe means for making a patient senseless without any danger to his life, brought more progress in a few years than thirty centuries had brought before. Operations could be performed now, the possibilities of which our ancestors could hardly dream.

The name of the discoverer, Dr. W. T. Morton, of Boston, should be a household word through the entire civilized world. But, alas,

there is hardly one non-medical man who knows even the name of this greatest benefactor of suffering humanity.

Nothing illustrates the peculiarity of human nature more clearly than the deplorable fact that the public at large ignores such men. Public squares are ornamented with the statues of generals, whose victories were sometimes won in spite of rather than because of their abilities, or simply by the bravery of their subordinates. The truly great hero, who has sacrificed himself to find the means of preserving lives instead of destroying them, is forgotten; while the least thing gratitude could do for him would be to erect a monument in every village of the earth.

To those of our European confrères, who are still endeavoring to belittle American achievements, it may be said, that if America had contributed nothing else than anesthesia to surgery, it would have done well enough.

But it has contributed a great deal more. It is true, in general the United States could not parade with their medical education of thirty or thirty five years ago. Preliminary education was not obligatory and more than one brave Agricola metamorphosed, like great Cincinnatus, who was called to the head of the army from his plough, into a faithful son of Hippocrates over night. Only eighteen years ago any candidate could even in the best eastern strongholds of science be promoted to the degree of an M. D., after having studied for two years. We may be somewhat ashamed of that period but at the same time, we can well boast of the rapidity with which the change to the better was made. It would have taken a century in the old world to accomplish that progress which was made here in a decade.

And if the whole truth will be said, then our criticizing colleagues in Europe must not only accentuate the state of cloudiness, ignoring the bright sun-rays which were shining even through the darkest epochs of American history.

It is true, American medical training is still briefer than European. But even when American physicians graduated after a two years course, they knew well that their training was incomplete and the majority tried hard to perfect themselves. Most of the European physicians went into practice after four years study then; but many of the Americans became assistants in hospitals, or practiced under the auspices of an experienced physician several years, thus doing voluntarily what the law might well have required. Today the plan of study in American medical colleges embraces a term of four years, while in Germany, France and England it is at least five. Now, while this is a year more, we may emphasize that the American student really studies and loses no time in libations and duels. The control which the recitation scheme exerts compels him to stick to his work. This, perhaps, makes him somewhat too solemn, while

the average German student represents the other extreme. The American student might well absorb some of the poetic qualities of his hilarious German confrère, while the German student would be benefited by adopting some of the more business-like methods of his transatlantic commilito.

Of course, the great European institutions, especially those of Germany, England and France, serve as models in many respects. They are well endowed by the government and the professors do not go into the fight for existence. Still, not meaning to belittle their admirable work, the question might not be out of place: How would it compare, if they had to make a living from their practice, at the same time? We deplore this fact, but we cannot help admiring the American medical soldier who fights his daily battle at the sick bed, and still has enough energy left to spend the midnight hours at the laboratory, while every new problem he solves is intended to prevent disease, and thus to lessen the earnings of his own profession. Is there anything less selfish in this world? Common sense appreciated long ago that the medical scientist and teacher should be more independent from practice; yet it may be doubted whether a teacher who is not at all engaged in practice will be best fitted for instruction after all. The teacher must never lose sight of the fact that whatever his research may tend to, it must always be to the benefit of human beings, if he does not want to lose his vital relation with the greatest of all professions.

It is true, that to the extraordinary thoroughness and perseverance characterizing German investigators, the medical sciences are greatly indebted. On the other hand, a great deal of time and opportunity has been wasted by this praiseworthy quality on trivial subjects. Virtue may become a fault, sometimes, as Goethe says: "Wohlthat wird Plage." No American could, for instance, be found who would devote a lifetime to write six volumes on the iris of the viper. It was reserved for a German investigator to display such loving interest in a snake.

The motto of the American is utility. Where he sows he expects fruit. He has a keen eye for the "profit and deficit." This, also, is both his virtue and his fault. No wonder that he astonishes the civilized world—not only in surgery—by the brilliancy of his technics. Theory is not the sphere he enjoys; it is practice. Goethe may have thought of the American when he says in *Faust*:

Grau, theurer Freund, ist alle Theorie
Und gruen des Lebens goldner Baum."
(Gray, my dear friend, is theory,
But ever green, life's golden tree.)

And while Germany will probably keep its leading position as far as the theoretical branches of medicine are concerned, the United States will become authoritative in practice. Asepsis, the daughter of antiseptis, while the result of the research of Pasteur, Lister and Koch, was methodically introduced into practice by von Bergmann. But the greatest perfection of the new method has an American trademark. Nowhere are aseptic technics so commonly practiced and so perfect as in the surgical strongholds of the United States. The natural cleanliness, so characteristic of American habits, has of course been a most favorable element for the introduction and appreciation of aseptic principles.

The American nation is acknowledged all over the world as the cleanest. It is therefore not astonishing that asepsis has been more highly appreciated here than anywhere else, and it is easy to understand that this country is destined more than any other nation to develop asepsis to its fullest perfection.

It is safe to say that in many respects the United States have fulfilled a noble mission in this direction for many years, a task not to be underestimated. There are a number of signs indicating that this characteristic sense for cleanliness has, like some other American virtues, influenced other countries indirectly. What a change, for instance, is observed in immigrants who come from semibarbarous districts, where even an annual bath is regarded as an extravagant and foolish luxury. They sometimes carry all imaginable varieties of mother earth, especially on those surfaces of the body not covered by clothing. When they scratch themselves for obvious reasons they become self-inoculated with the germs harbored in their well cultivated filth. As bacteriological investigations prove, all sorts of pus-producing germs are found in their skin; so it is only too natural that the skin surface of such individuals is covered with boils and swollen glands. The example of their new fellow citizens soon teaches them a good lesson, and in the second generation the sense of cleanliness is generally very well developed.

Of course, there will always be some who are never able to be thoroughly clean, no matter how often they are admonished. Originally, it is true, such virtues arise more from a trait of character than from education. Some, so to say, are born clean. Still education does a great deal. The youngster always reflects the mother more or less. If he is clean, there is little doubt that his mother took pains in teaching him how to clean his hair, his finger-nails, the sole of his foot, his mouth, and his clothing. And external cleanliness often is the reflection of the purity of character. Tell me who your mother is and I will tell you who you are.

And most important is this virtue in the members of the medical

profession. A physician whose exterior is not absolutely clean should be invariably rejected by his patient. If his finger-nails are not scrupulously clean, the same hand which should be destined to destroy disease is apt to produce it.

There is even among the commonest American people a natural sense for asepsis, similar to that in the old Roman sister. This accounts for the enjoyable fact, that the American patient so-to-say enters the atmosphere of the operating room in a kind of aseptic disposition.

It is by no means surprising therefore that the mortality rate of some American surgeons to-day is lower than that in any other country, the mortality in some of the important abdominal operations descending to less than 1 per cent.

But there are still more sun-rays in the history of American surgery, which, I feel justified to say, reflects the extraordinary history of this country. Many such rays were shining even during the interregnum, that much criticized period, because medical men arose whose names will never vanish from the medical history of the world. We may only mention the names McDowell, Warren, Sims, Mott, Parker, O'Dwyer and Corning. Europe should not forget, that at the time when French surgery was at its zenith, when French professors dictated the surgical fashions, when Dupuytren, the greatest surgeon of his time, refused to be operated on, saying that "he would rather die by the hands of God than by those of his colleagues," the genius of the simple American country physician, McDowell, broke the prejudice of centuries by performing the first ovariectomy. Dupuytren had strong reasons for his despondent standpoint, because he suffered from a pus-chest and among fifty operations, carried out by him for this condition, forty-seven were unsuccessful. To-day, thank God, the proportion is reversed.

It was shortly afterward that Valentine Mott astonished the surgical world by his ligation of the arteria innominata.

Modern gynecology is the creation of Marion Sims. He was a country physician, like his southern colleague. McDowell, and like the great German, Robert Koch, who was a village doctor until his forty-fifth year, his immortal experiments, which showed the tubercle bacillus to be the cause of the most important human disease, having been made far away from, and uninspired by, great university centers. It was O'Dwyer who invented laryngeal intubation; Corning is the father of spinal anesthesia; Senn's intestinal suture is used, and Murphy's method of uniting the intestines by his ingenious button, is practiced all over the world.

And what would the knowledge of the most important abdominal disease be, had American ingenuity not lifted the veil from the pathology of the vermiform appendix and exposed its mischievousness?

The old world was always used to give us, but in reference to the knowledge about appendicitis it had to receive from the young transatlantic giant. The American perspective is now being accepted by the European surgeons, their views becoming greatly altered at last. How the majority stands now, may be illustrated by their attitude during a discussion of one of the leading medical societies of Germany, which I had the privilege to attend.

The discussion on appendicitis, which was inaugurated by the Berlin Medical Society on July 18th, attracted so much attention in fact, that its distinguished President, Professor von Bergmann, was induced to call two subsequent meetings for the exclusive debate upon this special subject. Most of the eminent teachers of the Berlin University participated, among them Olshausen and Landau, the gynecologists, Kraus, the greatest German internist of the present day, Henoh, the pediatricist, Ewald, the enterologist, and the surgeons Israel, Krause and Rotter.

Almost all pleaded in favor of early surgical interference. Although it was most gratifying to hear the same views expressed, for which many American surgeons have been fighting for the last twenty-five years, it was disappointing to find that no allusion was made to their immortal merits in this respect. As this omission was pre-eminently based upon the traditional European ignorance concerning medical events in the new world, I was glad to avail myself of the chance offered to me by the kind invitation of the President, to congratulate the distinguished society on having become so thoroughly Americanized in the question of appendicitis.

Especially did I emphasize the fact that a glance over the tremendous literature of this most important part of the surgery would reveal that until a few years ago the early operation for appendicitis was regarded an adventurous policy in Germany. "Only an American would do such a thing," a celebrated surgeon in Berlin said to me not more than eight years ago, when I tried to convince him that the apparently mild symptoms of this disease were frequently misleading and often contrasted greatly with the severe pathological condition of the appendix.

This knowledge, that in the majority of cases it is impossible to make an accurate diagnosis as to whether there was a so-called catarrhal appendicitis or a beginning perforation, was gained by American surgeons who learned the facts from their frequent autopsies in vivo. That the infection was much more dangerous than the well guarded scalpel, is an American axiom. That early interference, even with the risk, that once in a while, an unnecessary operation may be performed, is the safest procedure, was proven by the extremely low

death rate of such American surgeons, as were given an early opportunity to operate by the family physician.

It was the genius of an American surgeon, which introduced the most important diagnostic factor in appendicitis, McBurney's point, into medical science. American surgeons, like Senn, Weir, Bull and Murphy, were the pioneers and advocated the necessity of removing the appendix during the free interval, that is even after a patient had recovered from an acute attack, because they realized that with a few exceptions the disease had passed over into the chronic stage only. It is perfectly true that to the Gerinans belongs the credit for first having given a correct scientific description of the inflammation of the vermiform appendix. But they missed the causal nexus entirely, attributing the pus-accumulation in the right iliac fossa to an inflammatory process in the loose connective tissues which surround the caecum. It was not more than logical therefore that they gave this condition that fatal term "perityphlitis."

The first description in 1830 is from the pen of Goldbeck, under the auspices of his teacher Professor Puchelt, of Heidelberg, the same celebrated university to which we are indebted for the first description of cholelithiasis. (Loewenberg in 1554.)

Less than thirty years ago great Friedreich of the same old alma mater taught, that perforation of the vermiform appendix might be caused by the irritation induced by a grape seed, this occurrence always leading to death. Fortunately he claimed this kind of "ulceration" was extremely rare, inferring from the fact that he had not seen more than two cases of this kind. When I then, jurans in verba magistri, attended these lectures as a student, I hardly thought of ever seeing more than a few cases during my surgical career, while the more mature knowledge I had the privilege to obtain in this country enabled me later to remove more than a thousand appendices. Although Schmidt as early as 1847 came very near describing McBurney's point by calling attention to the peculiar intensification of the pain produced by pressure in the caecal region, emphasizing at the same time, the fact that the area of pain hardly exceeded the size of a nickel, none of these great thinkers, strange to say, thought of the most obvious indication of attacking this area directly.

In spite of the most convincing proofs brought by American surgeons in favor of early interference, the Germans, otherwise so progressive, until recently remained obstinate in their so-called conservative treatment of appendicitis, which, in other words, was nothing but a peculiar form of therapeutic nihilism. It is remarkable that the same men to whose genius we are forever indebted for the elementary knowledge of the surgery of the alimentary canal, liver and kidneys, were so long perplexed by the appendix. Let us be grateful that the

nation which produced a Kant, the man of the categoric Imperative, has at last begun to respect the little treacherous rebel. American surgeons do not imagine even now that they know all about appendicitis. They have still left a good deal to their European confrères for further development, and no doubt they are justified in expecting especially, much from the theoretical research of German scientists.

The etymological conscience of the great Berlin society was again disturbed by the Greek ending of the Latin word, a union, which they regard as a misalliance. The terms perityphlitis, perityphlitis appendiculus, epityphlitis, scolecoiditis were again proposed for substitution. It is true that all these terms are irreproachable from an etymological point of view, but as to their real meaning they are absolutely misleading. The term "perityphlitis" has done incalculable harm, as it greatly diverts the mind from the real source of the evil, while the term "appendicitis" means exactly what it signifies. And moreover the whole world has become accustomed to it. Therefore the "term-scavengers" will have to swallow the pill after all, whether they like it or not. In German it may be compared with indulging in onions—*Man weint dabei und isst sie doch*.

Usus est tyrannus! They should remember that medical etymology shows a large number of more or less euphonious terms, which are unjustifiable or even senseless. *Bronchus* means passage for beverage. *Arteria* airpassage, *Parenchyma*, effusion, *Muscle*, little mouse, and we are so much used to them and know their meaning so well that none of us would seriously consider proposing their abolition. The etymological autodafé on the part of the term-scavengers made the word *appendicitis* only more popular. We may predict that the American term will be used all over the world as long as there shall be a human appendix.

Especially the German term-scavengers should consider that the language of Goethe, Schiller and Lessing contains words which are nothing else but ungrammatical nonsense. And they are by no means compositions of foreign words, nor do they represent one of those special medical terms, which are so sarcastically rated by our good friends the philologists. No, they are used by them in every day language without any scientific rumination.

Is there for instance, a greater absurdity, than the German word "*Bediente*," which means exactly the opposite of what is meant? The "*Bediente*" in fact is the master, he is the individual who is served, not the one who is serving. But this term is still better liked in literature than the simple and correct "*Diener*," as if this word gave him a kind of an aristocratic odor.

"*Ein bedienter Soldat*" is just as wrong. In some German universities the term "*Chirurgischer Instrumentenmacher*" can be witnessed

from the windows of the auditorium of celebrated philologists and in Berlin numerous "Bohemian Fruit Stores" are found, although a fruit store in the capital of the German empire must naturally be German.

It is not the maker who is surgical, but the instrument, and it is not the store which is Bohemian but the fruit. To the same etymological jurisdiction belongs "*der duerre Zwetschgenhaendler*."

The proposition of Professor Kraus, to request the government to demand more particulars as far as the statistics on the morbidity as well as the mortality of appendicitis are concerned, fell on fruitful ground. The Secretary of State, who honored the meetings by his presence, promised to see to it, that every German physician should be provided with question blanks for the purpose of entering the details of his experience, especially regarding diagnosis and operative treatment of appendicitis. In this respect Germany may serve as a model, and while the American physicians do not need as much elucidation in reference to appendicitis as the German, it will be of general benefit were they to adopt the same plan.

Another sign of American influence is found in Berlin. There the physiognomies of the good old Charité, the venerable temple of Aesculapius of the Berlin University and its neighbor, the anatomical institute, have greatly changed since last year. A score of large, modern buildings was erected, Orth's pathological institute, Hildebrand's surgical, Henoch's pediatric and Lesser's dermatological clinics simply representing the best and most progressive institutions of their kind. There is in fact a remarkable combination of architectonic beauty and general usefulness.

The greatest progress, however, being made in Berlin at the present time is represented by the new anatomical institute. No American should fail to visit it, not only because it is a real delight to look at it, but especially for the reason that its construction is based upon American ideas.

We have all reason to be proud of the fact that Professor Waldeyer, the greatest anatomist of the present age, who has instructed most of our eminent teachers of anatomy, gives full credit to the excellence of the American institutions which he had visited twice during the last few years.

"The Americans" such are Professor Waldeyer's own words, "are ahead of us Germans in many respects. The idea of placing kitchen as well as operating and dissecting rooms under the roof, wherever it was practicable, struck me as an extremely good one and I made up my mind at once to persuade the Prussian government to adopt the American plan in the construction of the proposed new anatomical institute, that is, to provide for abundant light from above as well as from the side."

"How can we draw students from America, as long as our dissecting

rooms are dark and antiquated, while the new world is so far ahead of us in this respect?" was the argument, which convinced the Prussian Minister of Education after a long struggle.

The immense building is now almost completed. There are four large rooms or rather halls, which permit of simultaneous dissecting by 400 students. The space in fact is now so ample that each of the students of the second course, who have to dissect vessels, nerves and the sensorial organs, has his own table during the entire year.

Like Professor Waldeyer, who has become so true a friend of this country, many great European scientists have visited us. The International Congress of 1904 in St. Louis brought no less than one hundred and forty illustrious men from the other side to these shores. All were full of praise and if men, like Helmholtz, von Esmarch, Czerny, von Winckel, von Mikulicz, Lorenz, Tillmanns, Escherich, Trendelenburg, Orth, Harrison, Segond and Faure asserted that they could not help learning a great deal during their visits in America we may safely believe that this is not merely a courteous phrase. The great European scientists who studied this country by personal inspection, are all admirers of it. It is only the small man, who enjoys belittling whatever comes from America. "What good can come out of Nazareth?" those idiots say.

Ewald, another celebrated visitor, wrote in an editorial of the Berlin Clinical Weekly four years ago: "How long may it take till we must go to the United States, as the engineers and men of industry had to long ago, to accumulate new scientific knowledge? Then the scientific exchange will not be one-sided but mutual."

The time has come. Where else is there a country with such immense resources and the ambition and the brains to utilize them? Where else is the spirit of liberality which receives the foreigner like a brother? The dawn of a new and glorious scientific era can be well perceived on the American horizon.

Yes, the time of reciprocity, for which we hoped so long, has come. Let us compete with our European confreres by mutual exchange. Let us visit Europe as frequently as possible and let the Europeans visit us. Let them give us their refined knowledge, based upon classical and fundamental research, and let us show them the splendid technical achievements which are so characteristic of the United States. If anything can help to secure eternal peace between the nations it is the strengthening of their scientific ties.

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